

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH

1. County of Gila
District of _____
Town of _____
or _____
City of Globe

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 182
County Registrar No. _____
Local Registrar No. 160
St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)
2. Full name of child Alfonso Cabral Jr. If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY In event of plural births. 4. Twin, triple or other. 2 5. Legitimate? yes 6. Date of birth July 31, 1926 Month day year

5. FATHER
Full name Alfonso Cabral
9. Residence (Usual place of abode) Globe, Arizona
If nonresident, give place and state
10. Color or race Mexican
11. Age at last birthday 24 (Years)
12. Birthplace (city or place) Mexico
(State or country)
13. Occupation Miner
Nature of industry

14. MOTHER
Full maiden name Bibiana Carrasco
15. Residence (Usual place of abode) Globe, Arizona
If nonresident, give place and state
16. Color or race Mexican
17. Age at last birthday 20 (Years)
18. Birthplace (city or place) Mexico
(State or country)
19. Occupation Housewife
Nature of industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living Two (b) Born alive but now dead none (c) Stillborn none 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 A. m. on the date above stated.
(Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.
Given name added from a supplemental report _____
Month, day, year. _____
Signature T. C. Harper, M.D.
(Physician or midwife)
Address Globe, Arizona
Filed 7-31, 1926
Local Registrar, St. St. Hunt

Registrar.

Filed

19

County Registrar.

133-731-236